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		RM		First Named Inventor		N. Gilbert			
(to be used for	r all correst	pondence after initial f	filing)	Art Unit	2872	V. C	_		
to = :	un	Undersee _	!!!··s,	Examiner Name	Denise S	3. Allen			
Total Number c	of Pages in	This Submission		Attorney Docket Number	SCH-000	J64	_		
			ENC	LOSURES (Check all that	t apply)		_		
F6	Fee Transmittal Form Fee Attached			Drawing(s) Licensing-related Papers		After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Request for Continued Examination (RCE) Transmittal & Return Receipt Postcard			
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request				Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s)	Red (RC				
Certified Document	Copy of Pent(s) se to Missinete Applica	sing Parts/	Remark						
		SIGNA	TURE C	OF APPLICANT, ATTORNI	EY, OR A	GENT	_		
Firm or Individual name	Philip	, Hoffmann, Mill R. Warn - Reg					_		
Signature	Y								
Date	Februa	ary 11, 2005					_		
		C	ERTIFIC	CATE OF TRANSMISSION	1/MAILINC	G	_		
I hereby certify th sufficient postage the date shown b	je as first c	orrespondence is be	peing facsing	imile transmitted to the USPTO or Idressed to: Commissioner for Pat	r deposited w	with the Unite	d S exa	States Postal Service with India, VA 22313-1450 on	
Typed or printed	name	Philip R. Warr	n - Reg.	No. 32775					
Signature		h -				Dat	te	February 11, 2005	

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RADEMIN	Effective on 12		Complete if Known								
Fees pursuant to t	Application Nur	mber	10/088,9								
l FEE	TRAN	ITTAL	Filing Date		March 21, 2002						
	First Named In	ventor	Robert W. Gilbert								
	For FY		Examiner Nam	е	Denise S. Allen						
Applicant cl	aims small entity s	37 CFR 1.27	Art Unit		2872						
TOTAL AMOUNT OF PAYMENT (\$) \$910.00				Attorney Docke	et No.	SCH-00064					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 500906 Deposit Account Name: Schefenacker Vision Systems USA Inc.											
For the at	oove-identified dep	osit accour	t, the Director is h	ereby authorized to	o: (check	all that ap	ply)				
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on PTO-2038.											
FEE CALCULA	ATION										
1. BASIC FILIN		ND EXAM NG FEES	INATION FEES	RCH FEES	EVAN	MOITANI	IEEEQ				
		Small E	ntity	Small Entity		Small	Entity				
Application 1					<u>Fee</u>		<u>; (\$)</u>	Fees Paid (\$)			
Utility	300				200						
Design	200				130	•	5				
Plant	200				160	ŭ	0				
Reissue	300			250	600		0	,			
Provisional	200	100	0	0	0	1	0				
2. EXCESS CI Fee Description						E	<u>s</u> ee (\$)	mall Entity Fee (\$)			
	over 20 (includi	ng Reissue	es)				50	25			
	ndent claim ove	er 3 (includ	ling Reissues)				200	100			
	pendent claims						360	180			
Total Claims	•	<u>Claims</u>		ee Paid (\$)		-		endent Claims			
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Indep. Claims		Claims	Fee (\$) Fe	e Paid (\$)							
3	or HP =	x	=_								
HP = highest nun 3. APPLICATION	nber of independent	claims paid fo	or, if greater than 3.								
If the specific	ation and drawi	ngs exceed	1 100 sheets of p	aper (excluding	electron	ically file	ed sequenc	e or computer			
						r small en	itity) for ea	ich additional 50			
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): \$790.00 (Request for Continued Examination) & \$120.00 (1 month ext.) \$910.00											
SUBMITTED BY 10											
Signature	The			Registration No. (Attorney/Agent)	32775		Telephone	(248) 364-4300			
Name (Print/Type)	ame (Print/Type) Philip R. Warn Date February 11, 2005										

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